



05-16-03

14XZ00092
PATENT

2855\$

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

: COLLIMATION DEVICE, RADIOLOGY
APPARATUS, TEST KIT AND METHOD
OF TESTING A RADIOLOGY APPARATUS

SUNDERMANN ET AL.

Serial No. 09/879,488

: Group Art Unit 2855

Filed: 06/12/2001

: Examiner mCcALL, Eric Scott

: Date: May 15, 2003

AMENDMENT UNDER 37 CFR 1.111

MAIL STOP PATENT APPLICATION

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

☐ No additional fee is required.☒ The fee has been calculated as shown below:

| | (col. 1) | | (col. 2) | (col. 3) | SMALL ENTITY | | LARGE ENTITY | |
|--------|---|-------|--|------------------|-----------------|--------------|-----------------|--------------|
| | Claims Remaining After Amendment | | Highest No. Previously Paid For | Present Extra | Rate | Added Fee | Rate | Added Fee |
| Total | * 52 | Minus | ** 20 | = 32 | X 9 = | \$ | x 18 = | \$ 576 |
| Indep. | * 2 | Minus | *** 3 | = 0 | X 42 = | \$ | x 84 = | \$ |
| | | | | | | | | |

☐ First Presentation of Multiple Dependent Claim + 140 = \$ + 280 = \$

Total Added Fee \$ \$ 576

* If the entry in col. 1 is less than the entry in col. 2, enter "0" in col. 3.

** If the "Highest No. Previously Paid For" in this space is less than 20, enter "20".

*** If the "Highest No. Previously Paid For" in this space is less than 3, enter "3".

The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in col. 1 of a prior amendment or the number of claims originally filed.

CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: MAIL STOP PATENT APPLICATION, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted or Express Mail No. EU921251454US on the date indicated below.

By

Jay L. Chaskin

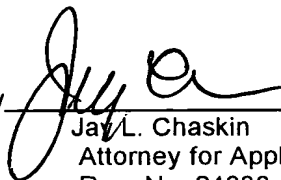
Date: May 15, 2003

- ☒ Please charge Deposit Account No. 09-0470 in the amount of \$ 576.00. A duplicate copy of this sheet is attached.
- ☐ A check in the amount of \$ (check no.) is attached.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 09-0470. A duplicate copy of this sheet is attached.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37CFR 1.17.

Respectfully submitted,

SUNDERMANN ET AL.

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